

Illinois Environmental Protection Agency

Bureau of Water • 1021 North Grand Avenue East • P.O. Box 19276 • Springfield • Illinois • 62794-9276

Sanitary Sewer Overflow or Bypass Notification Summary Report

- Within 24 hours of the occurrence, notify the Illinois EPA regional wastewater staff by telephone, FAX, email or voice mail, if staff are unavailable.
- Within 5 days of the occurrence, provide a written report describing the overflow or bypass, including all information requested on this form. The permittee is required to submit this form or other equivalent written notification to the Illinois EPA at:

Bureau of Water/Compliance Assurance Section - MC #19 1021 North Grand Avenue East P.O. Box 19276 Springfield, IL 62794-9276

NOTE: You may complete this form online, save a copy locally, print, sign and submit it to the BOW/CAS MC #19, at the above address. You may also print the form before completing it by hand, signing and submitting it.

Failure to notify the Illinois EPA as specified may result in fines up to \$10,000 for each day of violation.

Instructions: Use this form to report all unscheduled sanitary sewer overflow or bypass occurrences. Attach additional information as necessary to explain or document the overflow or bypass. For the purpose of this report, an overflow or bypass is defined as the discharge of untreated sewage from the sanitary sewer collection system to a surface water and/or ground due to circumstances such as those identified by the check boxes in the overflow or bypass details section of this form.

Use one form per occurrence. A single occurrence may be more than one day if the circumstances causing the overflow or bypass results in a discharge duration of more than 24 hours. If there is a stop and restart of the overflow or bypass within 24 hours, but it is caused by the same circumstances, report it as one occurrence. If the discharges are separated by more than 24 hours, they should be reported as separate occurrences.

24 Hour Notification Information

Permittee (Mu VILLAGE OF			ity Nai	me): 	Permit Number MS4-IL40035	r: Person HARRY	Person Representing Permittee Who Contacted IEPA: HARRY HAMMOCK		
Date: 05-11-15	Time: 2:00	AM	PM ⊠	IEPA Office DES PLAIN	Contacted:	Name of IEPA Employee Contacted: ALAN ANDERSON			
Sanitary Se	wer Ove	erflow	or E	ypass De	talls				
Date and Dura	ation of Ov	erflow	or Byp	ass Occurrer	rce (complete a	separate form	for each occurrence):		
Start Date: 05-10-15	Time: 8:30	AM _ 🗆	PM ×	Duration of 2-4HRS	the overflow or	bypass (hours a	and minutes):		
Estimated Vo Wastewater Discharged (gallons): 200GAL APF	V M sy	MVTP F IGD): 1 ystem 5	Not ap	uring bypass plicable for a	collection	Location of the 0	Overflow or Bypass: ERR.		
Circumsta	nces Cai	using	the (Overflow c	r Bypass (cl	neck all that	apply)		
WPC 733	X	Rain		☐ Power Outage ☐ Equipment Failure ☒ Other (explain below)					
11/2011		Snow N	Лeit	☐ Broken Sewer ☐ Widespread Flooding					
failed. What	caused the	e power	outaç	je, or what pl	ugged the sewe	r. Flooding sho	urred. For example, describe what equipment buld only be indicated, as a cause if there is ust localized high water in the street.		
PLUGGED A	ND BACK	ED UP	INTO	THE BASEN		BOVE ADDRE	LAGE MAIN SEWER LINE HAD BECOME SS THE SUMP PUMP FOR THE ADDRESS ADDRESS.		

Wct Weather	(if appli	cable)									
Date(s) and D	uration o	f Rainfall:									
Start Date: 05-10-15	Time: 4:00	AM PM	End Date: 05-11-15	Time: 2:00	AM PM	Amount	of Rainfall (inches)	Amount of Snow Melt (inches)			
Contributing S	Soil Cond	itions (satu	ırated, frozen,	soil type)							
Where Did	the Dis	charge f	from the O	verflow	or Bypas	s Go?	(check all that a	pply)			
If discharge do storm sewer to	es not e o find the	nter directl receiving	ly into surface water.					stream, river, lake, or wetland. er, trace the path of the ditch o			
			into the soil								
Ditch: Na	me of su	rface water	r it drains to:	•							
Stom Sev	ver: N	ame of sur	face water it d	rains to:							
		ct discharg									
<u> </u>	•	s, (Numb	er & use (i.e.i	residential	, commerci	al) of buil	dings affected):				
Other, de	scribe:										
0 -4! 4 -	<u> </u>	4 TI-1- O		d D			(I D	,			
							erflows or Bypas	•			
this form. Als permits prohil may be the st	o describ bit overflo ubject of	oe what ac ows or byp enforceme	tions are plan asses, unless int action.	ned to pre certain sp	vent or mir secified cor	imize futu Iditions ar	re overflows or bypa e met. Sanitary sew	rflow or bypass reported on issess. Illinois law and NPDES er overflows and bypasses			
PLUG	E KESP	ONDED IM	IEDITLEY TO	THE CAL	L HAU IN	E SEVVEN	CLINE CLEANED AN	ID FREED THE SEWER			
Report Cor	nplete	d By			Aut	horized	Representative	Contact Information			
Contact Perso	on: HARI	RYHAMM	OCK		Cont	Contact Person: HARRY HAMMOCK					
Street Addres						Title: UTILITY SUPERVISOR					
PO Box:					 Stre	Street Address: 17755 S ASHLAND AVE.					
City:	HOM	EWOOD	State:	<u>IL</u>	PO		····				
Zip Code:	6043		Phone: 708-	206-2910	City:		HOMEWOOD	State: IL			
County:	<u>coo</u>	K			Zip (Coui	Code: nty:	60430 COOK	Phone: _708-206-2910			
	commits							y or in writing, to the a Class 3 felony. (415			
Authorized R	epresent	ative Namo	e (Print)		Title	//					
41ATT	11	1 gmi	nocli		. U+	7/17	U Dupe	prusor			
Paul		onu	recel				5/11	/15			
Aytho	nized Re	presentati	ve Signature				Date	•			



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24 Hour Notification Information

Permittee (Mun VILLAGE OF H			ty Nan	ne): 	Permit Number: Perso MS4-IL40035 HARI		on Representing Permittee Who Contacted IEPA:		
Date: 06-17-15	Time: 9:00	AM ×	PM	IEPA Office DES PLAIN	Contacted: IES		Name of IEPA Employee Contacted: ALAN ANDERSON		
Sanitary Sev	ver Ove	erflow	or B	ypass Def	alls				
Date and Durati	on of Ov	erflow o	or Bypa	ass Occurrer	ice (complete a	separate for	m for each occurrence):		
Start Date: 06-16-15	Time: 2:30	AM	PM ⊠	Duration of 1HOUR	the overflow or	bypass (hour	rs and minutes):		
Estimated Volu Wastewater Discharged (gallons): 10	V\ M	MVTP F IGD): N ystem S	lot app	uring bypass blicable for a	collection		ie Overflow or Bypass: EWOOD AVE.		
Circumstand	es Cai	using	the C	verflow o	r Bypass (cl	neck all the	at apply)		
Rain Power Outage Equipment Failure Other (explain below)									
11/2011		☐ Snow Melt ☐ Bro			n Sewer 🔲 Widespread Flooding				
failed. What ca	used the	power	outag	e, or what pli	ugged the sewe	r. Flooding s	ccurred. For example, describe what equipment should only be indicated, as a cause if there is total just localized high water in the street.		
THERE WAS A	BLOCK	AGE IN	THE	VILLAGE MA	AIN SEWER LIN	IE FROM RO	DOTS AND HEAVY RAINFALL		

Wet Weather	(if appli	cable)										
Date(s) and D	uration o	of Rainfall:										
Start Date: 06-14-15	Time: 4;00	AM PM	End Date: 06-16-15	Time: 2:00	AM PM	Amount of	f Rainfall (inches)	Amount of Snow Melt (inches)				
Contributing SATURATE	Soil Cond	litions (satu	ırated, frozen,	soil type)				`				
Where Did	the Dis	scharge t	from the O	verflow	or Bypas	ss Go? (d	check all that a	pply)				
If discharge d storm sewer t	oes not e o find the	enter directle receiving	y into surface water.	nat the wa water, bu	stewater er t indirectly	nters, which by way of a	could be a nearby ditch or storm sew	stream, river, lake, or wetland er, trace the path of the ditch o				
	Runs on ground and absorbs into the soil Ditch: Name of surface water it drains to:											
Stom Se			face water it d	rains to:								
		ect discharg		Tunio to.								
		-		residential	. commerci	a() of buildir	ngs affected):					
Other, de		70 , (,							
	_					•	-					
Actions to	Correc	t This O	ccurrence :	and Pre	vent Fut	ure Ower	flows or Bypas	ses				
may be the s	subject of	enforceme	ent action.				met. Sanitary sew	assess. Illinois law and NPDES er overflows and bypasses MAIN				
Report Co	mplete	d By			Aut	horized F	Representative	Contact Information				
Contact Pers	on: HAR	RY HAMM	оск		Coni	tact Person:	HARRY HAMMO	CK				
Street Addre						Title: UTILITY SUPERVISOR						
PO Box:					Stre	et Address:	17755 S ASHLAN	ID AVE				
City:		IEWOOD	State:		PO							
Zip Code:	6043		Phone: 708-2	206-2910	City:		HOMEWOOD	State: IL				
County:	<u>coc</u>	OK			Zip (Cou	Code: ntv:	60430 COOK	Phone: 708-206-2910				
					000		-	······································				
	commits							y or in writing, to the a Class 3 felony. (415				
Authorized F	Represen	tative Nam	e (Print)		Title							
HARR	1.4	1000	usele		UTILITY	SUPERVIS	OR					
1/11/	1	1	NUVU	1				/_				
Low	St	one	nce	le			6/17/	1.5				
Auth	orized R	epresentati	ve Signature				Date					



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Date: 06-17-15	Time: 9:00	AM ×	PM	IEPA Office DES PLAIN	e Contacted: NES		Name of IEPA Employee Contacted: ALAN ANDERSON		
Sanltary Se	wer Ove	erflow	or B	ypass De	tails				
Date and Dura	tion of Ov	erflow	or Byp	ass Occurrer	nce (complete a	separate for	m for each occurrence):		
Start Date: 06-15-15	Time: 10:00	AM	PM ⊠	Duration of 1HOUR	the overflow or	bypass (hou	rs and minutes):		
Estimated Vol Wastewater Discharged (gallons): 10	W M	WTP F GD): N	Vot app	uring bypass plicable for a	collection L	ocation of th	ne Overflow or Bypass: AS ST.		
Circumstar	ices Cai	using	the C	Overflow o	or Bypass (ch	eck all th	at apply)		
WPC 733	X	Rain		☐ Power (Outage 🗌 Equ	ipment Failu	ıre 🔲 Other (explain below)		
11/2011		Snow N	/lelt	☐ Broken	Sewer				
failed. What o	aused the	power	outag	e, or what pl	ugged the sewer	. Flooding s	ccurred. For example, describe what equipment should only be indicated, as a cause if there is of just localized high water in the street.		
THERE WAS LINE.	A SMALL	BLOC	KAĢE	IN VILLAGE	MAIN LINE BU	T MOST OF	PROBLEM WAS ON THE RESIDENTS LATERAL		

Wet Weather (if applic	able)											
Date(s) and Du	ıration ot	f Rainfall:											
	Time: 2:00	AM PM	End Date: 06-16-15	Time: 2:00	AM PM	Amount of 1.5 TO2.5	f Rainfall (inches)	Amount of Snow Melt (inches)					
Contributing S SATURATED	oil Condi	itions (satu	rated, frozen,	soil type)									
Where Did 1	he Dis	charge f	rom the Ov	erflow	or Bypas	s Go? (d	check all that a	pply)					
If discharge do storm sewer to	es not e	nter directl receiving	y into surface water.					stream, river, lake, or wetland er, trace the path of the ditch o					
<u>-</u>	☐ Runs on ground and absorbs into the soil ☐ Ditch: Name of surface water it drains to:												
Storm Sew			ace water it di	rains to:									
Surface w		ct discharg	e:	-			•						
		_	er & use (i.e.n	esidential,	commerci	al) of buildir	ngs affected):						
Other, des	•	,	`	•		•	·						
Actions to	Correc	t This O	ccurrence a	and Prev	vent Futi	ire Ower	flows or Bypas	ses					
this form. Also	o describ oit overfic	e what act	tions are planr asses, unless	ned to prev	vent or min	imize future	e overflows or bypa	rflow or bypass reported on issess. Illinois law and NPDES er overflows and bypasses					
INC VICEAGE	_ NODD		AIN AND THE	.N KOOT	COT THE	LINC O E	NSURE A CLEAR						
Report Con	npleted	ł Ву			Aut	horized F	Representative	Contact Information					
Contact Perso	n: HARF	XY HAMMO	ОСК		Cont	act Person:	HARRY HAMMO	СК					
Street Address					_		SUPERVISOR						
PO Box:					Stree	et Address:	17755 S ASHLAN	ID AVE					
City:	HOM	EWOOD	State:		PO E			_					
Zip Code:	60430		Phone: 708-2	06-2910	City:		HOMEWOOD	State: IL					
County:	COO	<		-	Zip (Cour	ode:	60430 COOK	Phone: 708-206-2910					
		•			Cour	ity.	COOK	· · · · · · · · · · · · · · · · · · ·					
								y or in writing, to the a Class 3 felony. (415					
Authorized Re	epresenta	ative Name	e (Print)		Title								
1/2-	"Ll	RMAIA	inch			SUPERVISO	OR						
PILLE	<u> </u>	70000				2. 2. 2							
Louly)	Do	mu	pell	 			6/17/1	5					
Autho	rized Re	presentativ	e Signature				Date						